

RETURN FORMS TO THE YOUTH CENTERS OR ACTIVITY CENTER AT BOHRER PARK

# Volunteer at the Book Festival

**May 19, 2018**

**7:00am - 7:00pm**

***Shifts Vary - Indicate which shift you would like to work on the form below.***

**City Hall**

**31 S Summit Ave**

**Gaithersburg, MD 20877**

**Student Union, Grades 9-12**

**FREE!**

**SSL HOURS!**

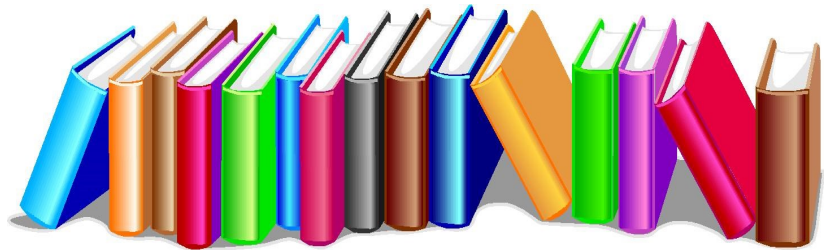
maura.dinwiddie@gaithersburgmd.gov

301-258-6350 (office)

301-948-8364 (fax)

506 South Frederick Avenue

Gaithersburg, MD 20877



Student volunteers will be assisting with children's activities and selling baked goods with Canela Bakery to raise money for the Student Union and Character Counts! Scholarship Fund. Come ready to work and have fun! Lunch is provided.

Please note: At times during the event, volunteers are assigned to locations where they are not under direct staff supervision. Volunteers must work independently for portions of the program & complete assigned tasks to earn SSL Hours.

## Student Union Volunteers at the Book Festival: May 19, 2018

Parent's Last Name \_\_\_\_\_ Parent's First Name \_\_\_\_\_  
Address \_\_\_\_\_ City/State/Zip \_\_\_\_\_  
Home Phone \_\_\_\_\_ Work Phone \_\_\_\_\_ City Resident ☐ Nonresident ☐  
Email \_\_\_\_\_

Participant's Name	M/F	Birthdate	Activity	Location	Grade	School
			Book Festival	ACBP		

I hereby grant permission for me/my child to attend the activity sponsored by the City of Gaithersburg. I understand that I am responsible for my/my child's insurance in case of injury. Furthermore, I understand that although safety precautions will be observed, the City of Gaithersburg, employees and agents will not be responsible for any personal property lost by me/my child or any injury sustained in the program. I also consent to the City's use of any photographs and/or video tapes made of the program.

\_\_\_\_\_  
Print Parent/Guardian Name

\_\_\_\_\_  
Signature of Parent/Guardian

Does your child have any allergies, medications or conditions that may affect participation in the program? **Y** ☐ **N** ☐  
Please specify: \_\_\_\_\_

The City of Gaithersburg is committed to making reasonable accommodations as required by the Americans with Disabilities Act. Requests must be made at least three weeks prior to the start of the program. Call 301-258-6350 to indicate what accommodations are needed.

**Shift #1**      **7:00am-1:00pm**      ☐

**Shift #2**      **1:00pm-7:00pm**      ☐

**Office Use Only: # fwd to Maura**

Rec'd: \_\_\_\_\_ Initials \_\_\_\_\_

W P M F      Resident: Y N

Pr: \_\_\_\_\_ Date: \_\_\_\_\_